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<b>SERIAL NUMBER</b> 10/798,380	<b>FILING OR 371(c) DATE</b> 03/12/2004 <b>RULE</b>	<b>CLASS</b> 530	<b>GROUP ART UNIT</b> 1647	<b>ATTORNEY DOCKET NO.</b> 08702.0137-00000
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**APPLICANTS**  
 Viia Valge-Archer, Little Abington, UNITED KINGDOM;  
 Andrew James Williams, Royston, UNITED KINGDOM;  
 Deborah A. Young, Melrose, MA;  
 Matthew J. Whitters, Hudson, MA;  
 Mary Collins, Natick, MA;  
 Joann Witek, Acton, MA;  
 EGS

**\*\* CONTINUING DATA \*\*\*\*\***  
 This appln claims benefit of 60/454,336 03/14/2003

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
**\*\* 05/14/2004**

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature <u>EGS</u> Initials. <u>EGS</u>	<b>STATE OR COUNTRY</b> UNITED KINGDOM	<b>SHEETS DRAWING</b> 12	<b>TOTAL CLAIMS</b> 38	<b>INDEPENDENT CLAIMS</b> 10
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**ADDRESS**  
05514

**TITLE**  
Antibodies against human IL-21 receptor and uses therefor

<b>FILING FEE RECEIVED</b> 4942	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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